



Department of Community Affairs
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
P.O. Box 816
Trenton, NJ 08625-0816

Form TL-4
For Office Use ONLY
Date Rec'd: _____
Check #: _____
Amount: _____
LOG #: _____

License Application

NAME: _____ DATE OF BIRTH: _____
Last First MI Month/Day/Year

Home Address _____
Street

City County State Zip Code

TELEPHONE _____ E-MAIL _____

Business Address _____

TELEPHONE _____ FAX _____

LICENSE(S) APPLIED FOR

<u>BUILDING</u>	<u>ELECTRICAL</u>	<u>FIRE PROTECTION</u>	<u>PLUMBING</u>	<u>ELEVATOR</u>	<u>MECHANICAL</u>
<u>INSPECTOR</u>	<u>INSPECTOR</u>	<u>INSPECTOR</u>	<u>INSPECTOR</u>	<u>INSPECTOR</u>	<u>INSPECTOR</u>
HHS []	HHS []	HHS []	HHS []	HHS []	<u>1&2 FAMILY</u>
ICS []	ICS []	ICS []	ICS []		[]
RCS []					

INPLANT INSPECTOR []

SUBCODE OFFICIAL

[] BUILDING [] ELECTRICAL [] FIRE PROTECTION [] PLUMBING [] ELEVATOR

CONSTRUCTION OFFICIAL

[]

(OVER)

1. Have you ever been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

☐ NO.

☐ YES. If yes, please describe circumstances on a separate attached page.

2. Have you ever been indicted for any offense?

☐ NO.

☐ YES. If yes, please describe circumstances on a separate attached page.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position?

☐ NO.

☐ YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected.

DATE _____ Signature of Applicant _____

Notary's Signature _____

DATE _____

Notary's Address

Notary Seal:

Submit this page completed on both sides, accompanied by all attached completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to the most current issue of the *Licensing Information Booklet* for the correct non-refundable fee.

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.